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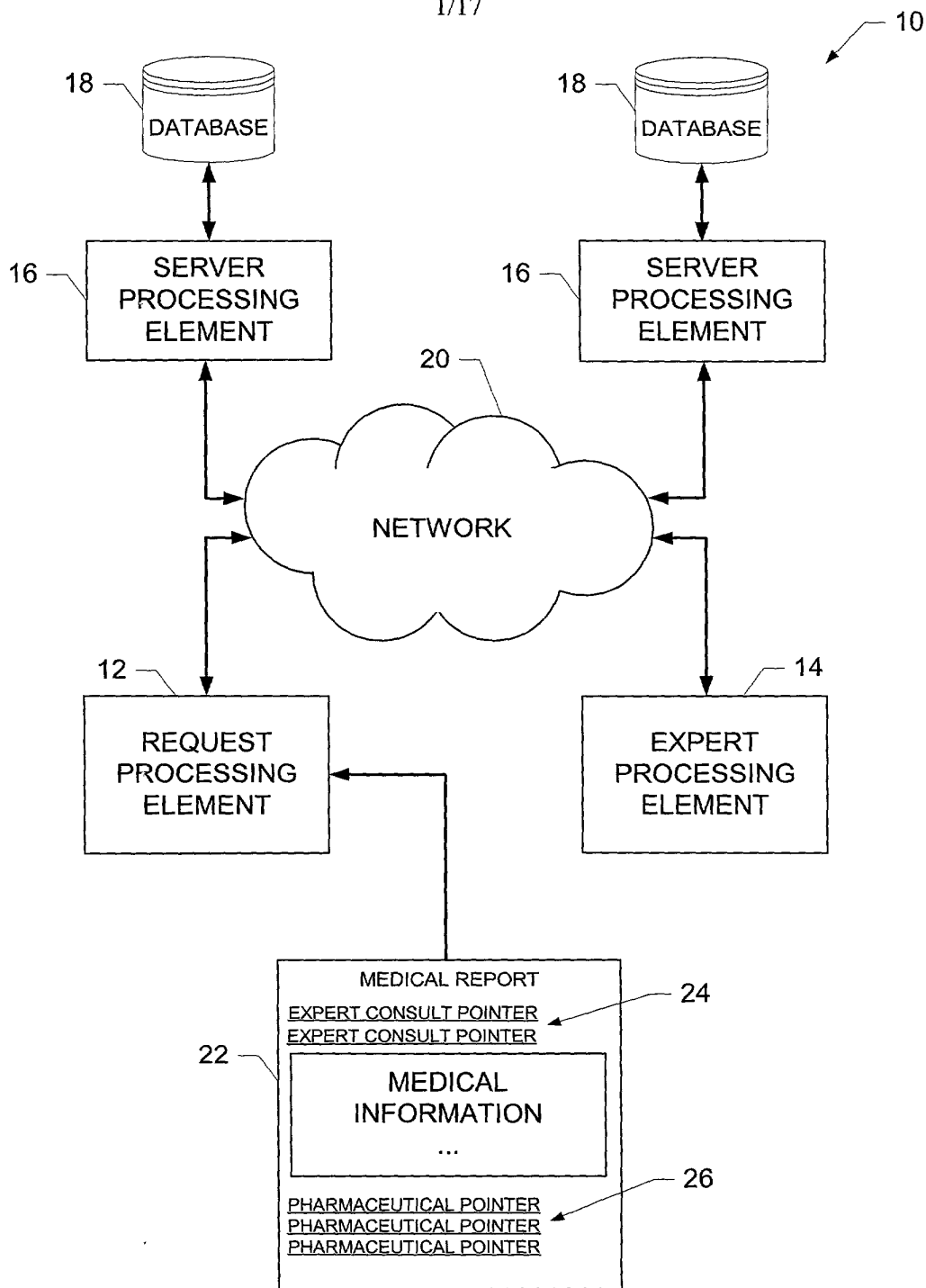


FIG. 1.

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FIG. 2 is a diagram of an "EXPERT CONSULT REQUEST FORM" (25). The form contains a "MEDICAL INFORMATION" section (28) with an ellipsis "...". Below this is an "INPUT FIELD" (30). The input field contains two text input boxes (32, 34), two radio button groups (36) for "CHOICE A" and "CHOICE B", two "MAKE SELECTION" dropdown menus (38), and two checked radio button options "SELECTION 1" and "SELECTION 2".

FIG. 2.

FIG. 3 is a diagram of a "PHARMACEUTICAL PRODUCT REPORT" (27). The form contains a "PHARMACEUTICAL PRODUCT INFORMATION" section (40). Below this is an "INPUT FIELD" (42). The input field contains two text input boxes (32, 34), two radio button groups (36) for "CHOICE A" and "CHOICE B", two "MAKE SELECTION" dropdown menus (38), and two checked radio button options "SELECTION 1" and "SELECTION 2".

FIG. 3.

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The diagram illustrates a "MEDICAL CONSULTATION FORM" (44) containing two main sections. The top section, labeled "MEDICAL INFORMATION AND ADDITIONAL PATIENT INFORMATION" (46), is a rectangular box. The bottom section, labeled "CONSULTATION INPUT FIELD" (48), contains several interactive elements. It begins with two horizontal text input fields (32 and 34). Below these are two rows of radio button options: the first row has "CHOICE A" (36) and "CHOICE B", and the second row has "CHOICE A" and "CHOICE B". Following the radio buttons are two "MAKE SELECTION" buttons, each with a downward-pointing arrow. At the bottom of the input field are two checkboxes labeled "SELECTION 1" and "SELECTION 2". Reference numerals 32, 34, 36, and 38 point to specific elements within the input field section.

FIG. 4.

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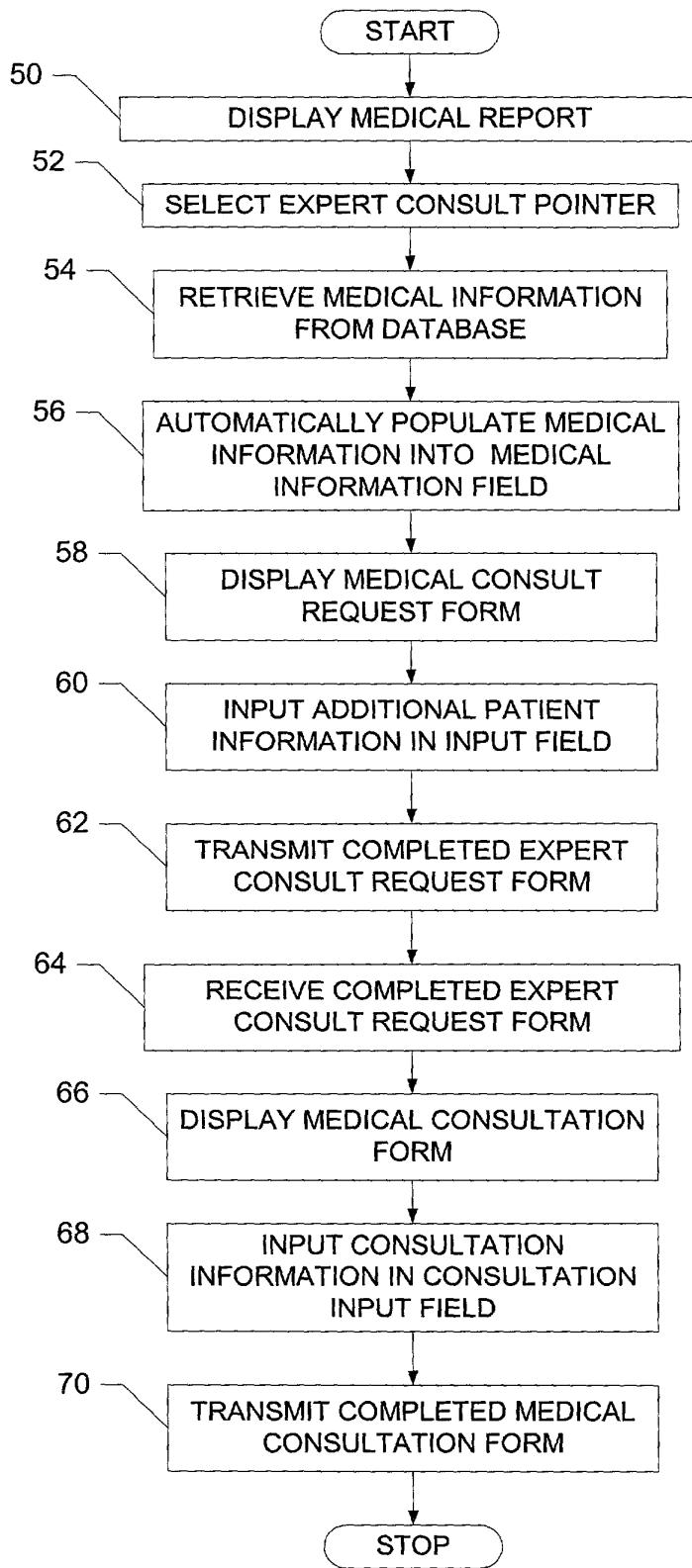


FIG. 5.

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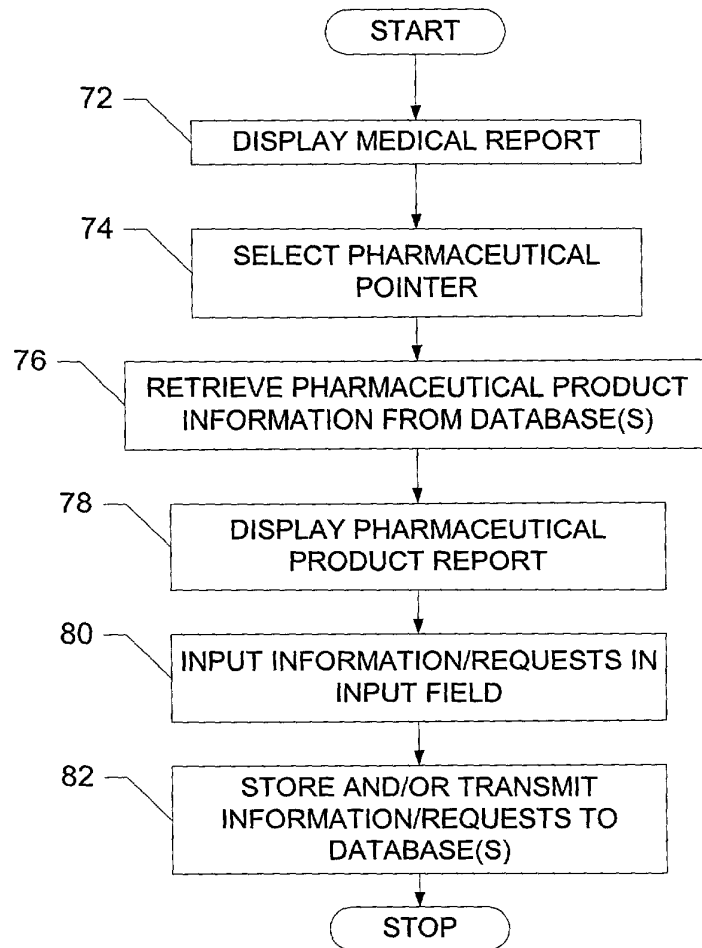
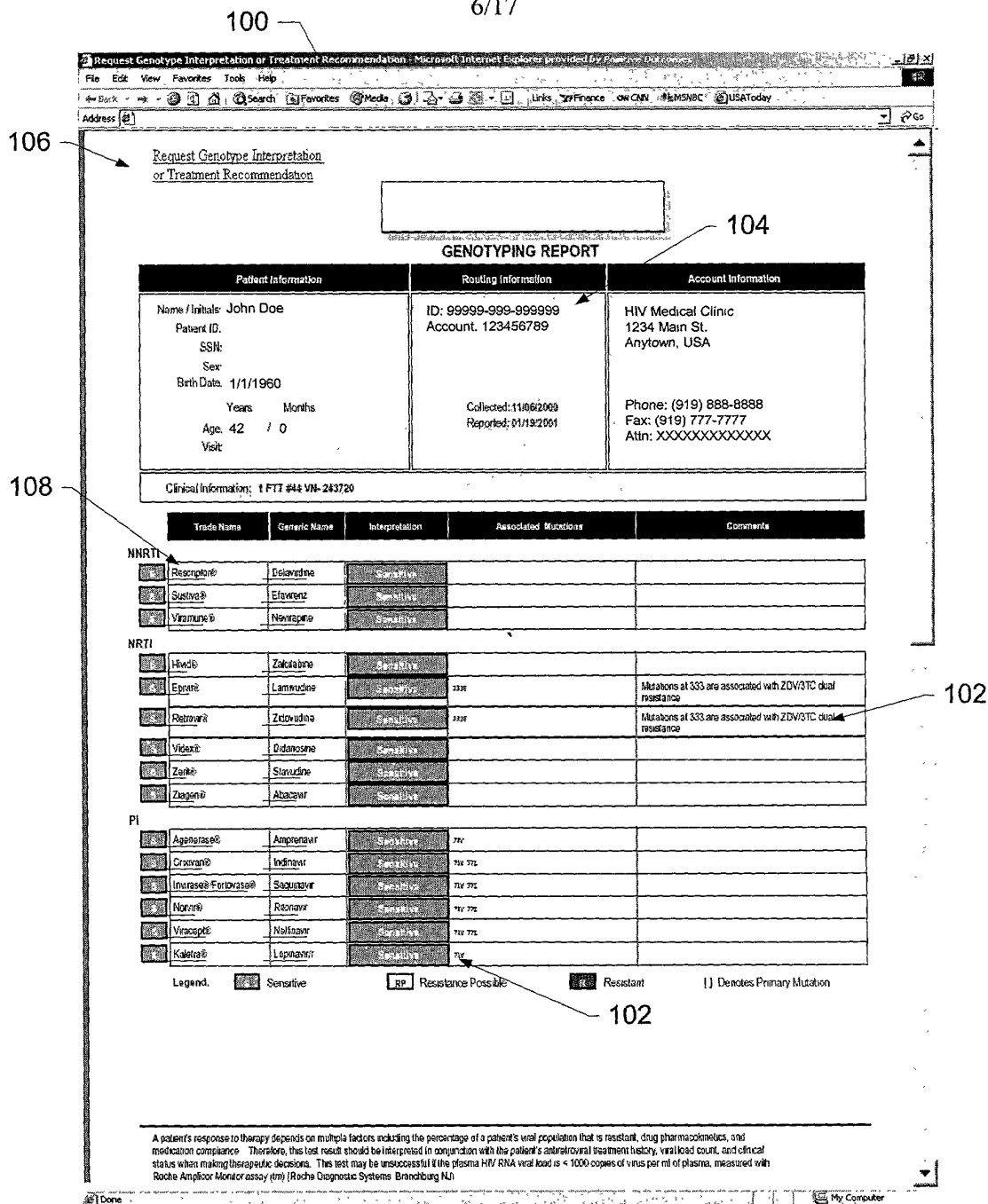


FIG. 6.

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**FIG. 7.**

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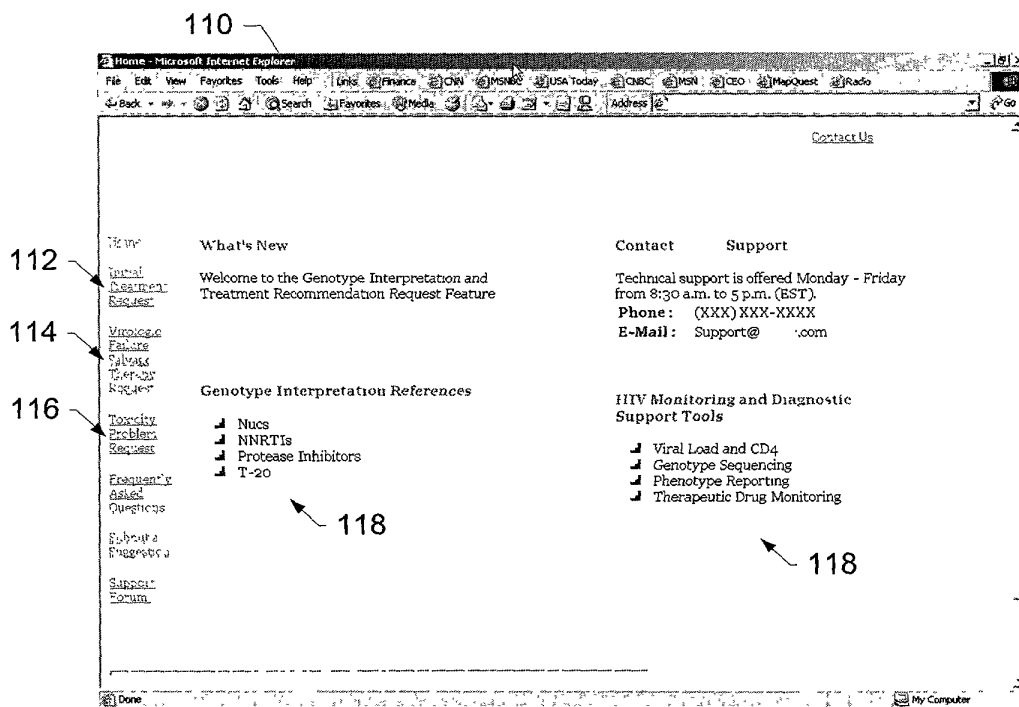


FIG. 8.

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Address

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Contact Us  
www.UpToDate.com/submitrequest

**Genotype Interpretation and Initial Treatment Request Form**

Specimen No. XXXXXXXXXXXXXXXX Collection Date: dd-mm-yy

Gender: ☐ Male ☐ Female Age: Height: inches Weight: lbs. BMI: xxx

Suspected Date of Seroinfection: mm-dd-yy (specify mm-dd-yy)

CD4 count at time of diagnosis:

Most recent CD4 count: date of: , next most recent CD4 count: date of:

Most recent viral load: date of: ; next most recent viral load: date of:

Prevalence of clinical symptoms:  
☐ fever ☐ weight loss ☐ night sweats ☐ adenopathy

Comments:

Co-morbidities:  
☐ Hepatitis ☐ Active-TB ☐ Diabetes ☐ Hypercoagulable states  
☐ Depression or other mental disorder

Comments:

ADL Issues:  
☐ Regular Meals ☐ Working ☐ Frequent travel

Comments:

Patient Preferences

Assessment of Patient's Ability to Adhere to Therapy

Resistance Report

Resistance Mutations	Polymorphisms	Resistance (according to Genotype)
333 E 712 V	K116 G	Mutations at 333 are associated with ZDV/VTC dual resistance

Terms of use: 102 102

I Agree to the Terms of Use - Submit My Request Reset Form Cancel Request

Today's Date: October 25, 2001

My Computer

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FIG. 9.



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Address

Genotype Interpretation and Salvage Treatment Request Form

Specimen No. XXXXXXXXXXXXXXXX Collection Date: dd-mm-yy

Gender [Please Specify] Age [ ] Height [ ] inches Weight [ ] lbs BMI XXX

Most recent CD4 count [ ] date of [ ] , next most recent CD4 count [ ] date of [ ]

Most recent viral load [ ] date of [ ] , next most recent viral load [ ] date of [ ]

**HAART History - Current Medications**

Medication	Start Date	Stop Date	Duration
Delavirdine			
Didanosine			
Emtricitabine			
Abacavir			
Zalcitabine			
Lamivudine			
Stavudine			
Amprovidine			
Emtricitabine			
Didanosine			
Abacavir			
Zalcitabine			
Lamivudine			
Stavudine			
Amprovidine			

**HAART History - Previous Medications**

Medication	Start Date	Stop Date	Duration	Reason for Discontinuation
Delavirdine				Make Selection
Didanosine				Make Selection
Emtricitabine				Make Selection
Abacavir				Make Selection
Zalcitabine				Make Selection
Lamivudine				Make Selection
Stavudine				Make Selection
Amprovidine				Make Selection
Emtricitabine				Make Selection
Didanosine				Make Selection
Abacavir				Make Selection
Zalcitabine				Make Selection
Lamivudine				Make Selection
Stavudine				Make Selection
Amprovidine				Make Selection

**Contraindications**

☐ Hepatitis ☐ Active TB ☐ Diabetes ☐ Hypercoagulable states

☐ Depression or other mental disorder

Comments

**ADL Issues**

☐ Regular Meals ☐ Working ☐ Frequent travel

Comments

**Adherence of Patient's Ability to Adhere to Therapy**

Comments

**Resistance Report**

Resistance to Didanosine

Resistance to Emtricitabine

Resistance to Abacavir

Resistance to Zalcitabine

Resistance to Lamivudine

Resistance to Stavudine

Resistance to Amprovidine

Resistance to Emtricitabine

Resistance to Didanosine

Resistance to Abacavir

Resistance to Zalcitabine

Resistance to Lamivudine

Resistance to Stavudine

Resistance to Amprovidine

**Terms of use:**

I Agree to the Terms of Use: Submit My Request

Reset Cancel

My Computer

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FIG. 10.

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FIG. 11.

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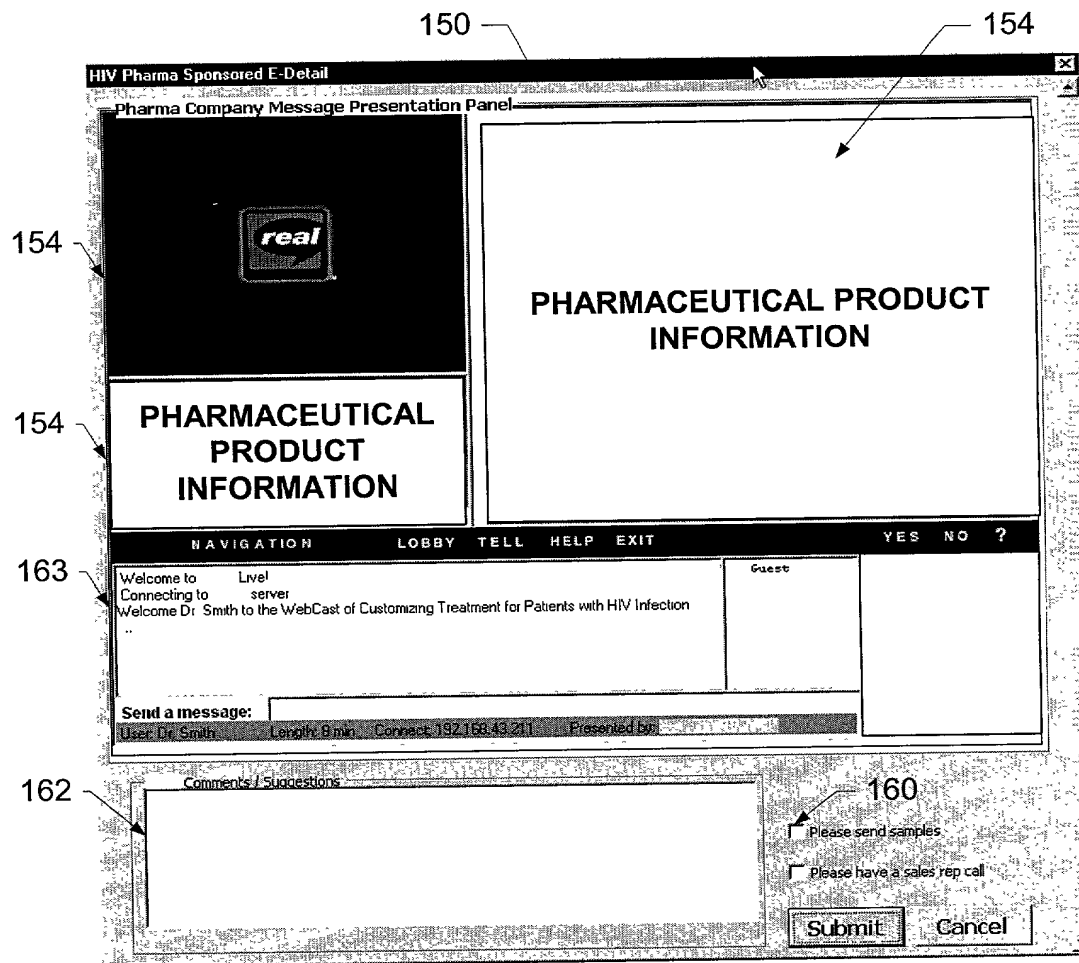


FIG. 12.

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**Presented by XYZ Pharmaceutical Company**

**Pharmaceutical Product Information**

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Healthcare Professionals  
Consumer Information  
HIV Resource Center

Click below to listen to our current  
radio advertisements for Combivir

QuickTime These audio files require the use of Quicktime to listen. If you do not have this plug-in please click  
on the link to the left to download a copy

Ad 1 Ad 2

RealPlayer These audio files require the use of Real Audio to listen. If you do not have this plug-in please click  
on the link to the left to download a copy

Ad 1 Ad 2

Complete Prescribing Information for COMBIVIR® Tablets (Combivir® 500 mg/250 mg Tablets)  
Complete Prescribing Information is provided in Adva's Portable Document Format (PDF). To view these documents, you will

Comments:

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Dear Pharmaceutical Company,  
I have a suggestion

☐ I would like the favor of a reply.

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Participate in a Survey regarding ... **Enter Survey**

☐ Please have a sales associate follow up with me ☐ Please supply me with additional samples.

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Submit Reset

Done My Computer

**FIG. 13.**

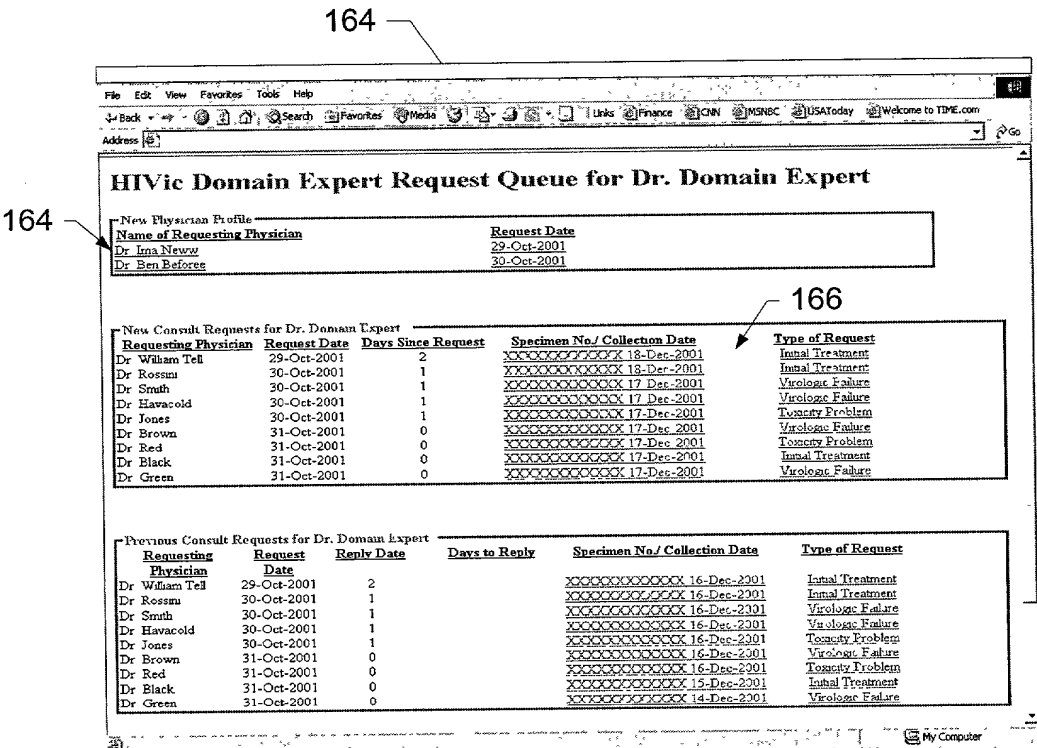


FIG. 14.

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New Physician - Microsoft Internet Explorer

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### New Physician Request

Requesting Physician Profile

Name Dr. Ima Neww

Practice Jersey Shores Medical

User Since 28-Oct-2001

Professional Background

Accept to my Request Queue Reject Request (Return to Index)

Done My Computer

FIG. 15.

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FIG. 16.

**Initial Treatment Reply**

Specimen No. XXXXXXXXXXXXXXXX Collection Date: dd-mm-yy

**Patient Profile**

Gender: Male Age: 29 Height: 72 in Weight: 162 lbs BMI: 22.6

Suspected Date of Seroconversion: Feb 2001

CD4 count at time of diagnosis: 579

Most recent CD4 count: 525 on 29 Sep 2001, Next most recent CD4 count: 550 on 1 Jul 2001

Most recent viral load: 8400 on 29 Sep 2001, Next most recent viral load: 1100 on 1 Jun 2001

**Clinical Symptoms** (fever, weight loss)

Comments input by requesting physician on request form relative to clinical symptoms

**Co-Morbidities** (Hypertension, Diabetes (Type 2), Depression)

Comments input by requesting physician on request form relative to co-morbidities

**ADL Issues** (Patient eats regular meals, Patient is working)

Comments input by requesting physician on request form relative to ADL issues

**Patient Preferences**

Comments input by requesting physician on request form relative to clinical symptoms

**Assessment of Patient's Ability to Adhere to Therapy**

Comments input by requesting physician on request form relative to patient's ability to adhere to therapy

**Resistance Mutations**

Polymorphisms

Resistance (Genotype)

Mutations at 32 are associated with ZDV/3TC dual resistance

**Suggested Drug Regimens - Check if you want the following printed on your reply**

☐ "This isolate does not show genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

☐ "This isolate shows genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

**First Regimen (check all that apply)**

Nucleosides		NNRTIs		Protease Inhibitors		Other
<input type="checkbox"/> ZDV	<input type="checkbox"/> d4T	<input type="checkbox"/> Delavirdine	<input type="checkbox"/> Indinavir	<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Hydroxyurea	
<input type="checkbox"/> ddI	<input type="checkbox"/> 3TC	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Saquinavir	<input type="checkbox"/> Nelfinavir	<input type="checkbox"/> Zalcitabine	
<input type="checkbox"/> ddC	<input type="checkbox"/> abacavir	<input type="checkbox"/> Nevirapine	<input type="checkbox"/> Amprenavir	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any NNRTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

**Second Regimen (check all that apply)**

Nucleosides		NNRTIs		Protease Inhibitors		Other
<input type="checkbox"/> ZDV	<input type="checkbox"/> d4T	<input type="checkbox"/> Delavirdine	<input type="checkbox"/> Indinavir	<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Hydroxyurea	
<input type="checkbox"/> ddI	<input type="checkbox"/> 3TC	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Saquinavir	<input type="checkbox"/> Nelfinavir	<input type="checkbox"/> Zalcitabine	
<input type="checkbox"/> ddC	<input type="checkbox"/> abacavir	<input type="checkbox"/> Nevirapine	<input type="checkbox"/> Amprenavir	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any NNRTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

**Third Regimen (check all that apply)**

Nucleosides		NNRTIs		Protease Inhibitors		Other
<input type="checkbox"/> ZDV	<input type="checkbox"/> d4T	<input type="checkbox"/> Delavirdine	<input type="checkbox"/> Indinavir	<input type="checkbox"/> Ritonavir	<input type="checkbox"/> Hydroxyurea	
<input type="checkbox"/> ddI	<input type="checkbox"/> 3TC	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Saquinavir	<input type="checkbox"/> Nelfinavir	<input type="checkbox"/> Zalcitabine	
<input type="checkbox"/> ddC	<input type="checkbox"/> abacavir	<input type="checkbox"/> Nevirapine	<input type="checkbox"/> Amprenavir	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any NNRTI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

**General Comment**

Submit Reply to Requesting Physician

Reset Form

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Address

### Viralogic Failure / Salvage Treatment Reply

Specimen No. XXXXXXXXXXXX Collection Date: dd-mm-yy

**Patient Profile**  
Gender: Male Age: 29 Height: 77 in Weight: 165 lbs BMI: 22.8  
Suspected Date of Seroinfection: Feb-20-01  
CD4 count at time of diagnosis: 579  
Most recent CD4 count: 525 on 12 Sep 2001. Next most recent CD4 count: 531 on 1 Jun 2001  
Most recent viral load: 8400 on 12 Sep 2001. Next most recent viral load: 1100 on 1 Jun 2001

**HAART History - Current Medications**  
Start Date: 12/10/2000 Stop Date:   
Zidovudine 1200/2000  
Didanosine 1200/2000  
Zalcitabine 1200/2000

**HAART History - Previous Medications**

**Co-Morbidities** Hepatitis C, Diabetes (type 1), Depression  
Comments (up to 100 characters):  
ADL Issues: Patient has no issues. Patient is working.  
Comments (up to 100 characters):  
Patient Preferences:  
Comments (up to 100 characters):  
Assessment of Patient's Ability to Adhere to Therapy:  
Comments (up to 100 characters):

**Patient Resistance Report**  
Resistance: None  
RT Genotype:   
Mutations: at 333 is associated with ZDV RTI dual resistance

**Suggested Drug Regimens - Check if you want the following printed on your reply**  
If "This isolate does not show genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."  
If "This isolate shows genotypic evidence of significant drug resistance. We recommend an initial course of treatment. Issues to consider in choosing a regimen include potential toxicity, patient compliance with past medical treatments, drug absorption and drug metabolism. Consider a regimen containing nucleosides and a protease inhibitor."

**First Regimen (check all that apply)**

Nucleosides	NNRTIs	Protease Inhibitors	Other
<input type="checkbox"/> ZDV	<input type="checkbox"/> ddI	<input type="checkbox"/> Delavirdine	<input type="checkbox"/> Ritonavir
<input type="checkbox"/> ddI	<input type="checkbox"/> ddC	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Saquinavir
<input type="checkbox"/> ddC	<input type="checkbox"/> abacavir	<input type="checkbox"/> Nevirapine	<input type="checkbox"/> Nelfinavir
	<input type="checkbox"/> Any NNRTI	<input type="checkbox"/> Amprenavir	<input type="checkbox"/> Hydroxyurea
			<input type="checkbox"/> Zalcitabine

Comments

**Second Regimen (check all that apply)**

Nucleosides	NNRTIs	Protease Inhibitors	Other
<input type="checkbox"/> ZDV	<input type="checkbox"/> ddI	<input type="checkbox"/> Delavirdine	<input type="checkbox"/> Ritonavir
<input type="checkbox"/> ddI	<input type="checkbox"/> ddC	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Saquinavir
<input type="checkbox"/> ddC	<input type="checkbox"/> abacavir	<input type="checkbox"/> Nevirapine	<input type="checkbox"/> Nelfinavir
	<input type="checkbox"/> Any NNRTI	<input type="checkbox"/> Amprenavir	<input type="checkbox"/> Hydroxyurea
			<input type="checkbox"/> Zalcitabine

Comments

**Third Regimen (check all that apply)**

Nucleosides	NNRTIs	Protease Inhibitors	Other
<input type="checkbox"/> ZDV	<input type="checkbox"/> ddI	<input type="checkbox"/> Delavirdine	<input type="checkbox"/> Ritonavir
<input type="checkbox"/> ddI	<input type="checkbox"/> ddC	<input type="checkbox"/> Efavirenz	<input type="checkbox"/> Saquinavir
<input type="checkbox"/> ddC	<input type="checkbox"/> abacavir	<input type="checkbox"/> Nevirapine	<input type="checkbox"/> Nelfinavir
	<input type="checkbox"/> Any NNRTI	<input type="checkbox"/> Amprenavir	<input type="checkbox"/> Hydroxyurea
			<input type="checkbox"/> Zalcitabine

Comments

**General Comment**

Submit Reply to Requesting Physician Reset Form Cancel

Today's Date and Time 21-Oct-2001 2:45pm

Done My Computer

FIG. 17.



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**FIG. 18.**